

**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.**

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name BLUE CROSS BLUE SHIELD OF ILLINOIS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 300 E RANDOLPH STREET

City CHICAGO

State Illinois ZIP Code + 4 60601-5099

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name UFCW MIDWEST HEALTH BENEFITS FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1300 W HIGGINS RD

City PARK RIDGE

State Illinois ZIP Code + 4 60068-5713

## 11.a. Nature of such dealing.

ADMINISTERS HEALTH BENEFITS

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

DIRECTOR'S FEE AS MEMBER OF THE BOARD OF DIRECTORS OF THE ILLINOIS AFFILIATE BOARD OF THE HEALTH CARE SERVICE CORPORATION

## 12.b. Amount.

\$24,709

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name INTL FOUNDATION OF EMPLOYEE BENEFIT PLANS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 69

Street 18700 W BLUEMOUND ROAD

City BROOKFIELD

State Wisconsin ZIP Code + 4 53008-0069

## 14.a. Nature of payment.

REIMBURSED EXPENSES AS A MEMBER OF THE BOARD OF DIRECTORS OF THE INTERNATIONAL FOUNDATION OF EMPLOYEE BENEFIT PLANS

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

## 14.b. Amount of payment.

\$4,093

Name of Person Filing RONALD POWELL

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name UFCW MIDWEST PENSION FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1300 W HIGGINS ROAD SUITE 300

City PARK RIDGE

State Illinois ZIP Code + 4 60068-5713

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

UNION TRUSTEE ON COLLECTIVELY BARGAINED PENSION FUND THAT PROVIDES PENSION BENEFITS TO UNION MEMBERS AND THEIR BENEFICIARIES

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

REIMBURSED TRUSTEE TRAVEL EXPENSES AND REGISTRATION FEE TO ATTEND INTERNATIONAL FOUNDATION OF EMPLOYEE BENEFIT PLANS FIDUCIARY EDUCATION CONFERENCE

12.b. Amount.

\$2,696

Name of Person Filing RONALD POWELL

File Number U-

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name AMALGAMATED BANK OF CHICAGO

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street ONE W MONROE STREET

City CHICAGO

State Illinois ZIP Code + 4 60603-5301

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name UFCW MIDWEST PENSION FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1300 W HIGGINS ROAD

City PARK RIDGE

State Illinois ZIP Code + 4 60068-5713

11.a. Nature of such dealing.

PROVIDER OF INVESTMENT SERVICES

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

DIRECTOR'S FEE AS MEMBER OF THE BOARD OF DIRECTORS

12.b. Amount.

\$22,700

Name of Person Filing RONALD POWELL

File Number U-

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name AMALGAMATED BANK OF CHICAGO

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street ONE W MONROE STREET

City CHICAGO

State Illinois ZIP Code + 4 60603-5301

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PROVIDER OF BANKING SERVICES

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

DIRECTOR'S FEE AS MEMBER OF THE BOARD OF DIRECTORS

12.b. Amount.

\$22,700

September 15, 2005

U.S. Department of Labor  
Employee Standards Administration  
Office of Labor-Management Standards  
200 Constitution Avenue, NW  
Room N-5616  
Washington, D.C. 20210

Dear Sir or Madam:

Enclosed is my amended Labor Organization Officer and Employee Report LM-30 for 2004 reporting period. I initially filed my LM-30 Report on or about August 10, 2005. Since then, I have received additional information that has required me to file this amended Report.

More specifically, as later reported to me by the International Foundation of Employee Benefit Plans, of which I am an officer, the correct amount of reimbursement received for travel, hotel and per diem expenses for attendance at March 2004 Board and committee meetings was \$4,018.18. In addition, it has been reported to me that the Foundation attributed \$75.00 to me as the value of hosted events at these meetings, without regard to whether I actually attended the events or whether I consumed anything. While, I do not have any independent records or recollection to verify this attribution, I have, nonetheless, amended my LM-30 Report to reflect all of the above the above matters.

As DOL provides additional guidance on LM-10 filing obligations, which to date it has not, there may be further amendments to my LM-30 Report as more reliable information is provided to me. In the meantime, the enclosed Report contains my continuing good faith effort to comply with the LM-30 reporting obligations based on the advice of legal counsel.

Sincerely,



Ronald E. Powell